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REPORT OF THE
MONTANA MENTAL DISABILITIES
BOARD OF VISITORS
ON
EASTMONT TRAINING CENTER



STATE OF MONTANA
Office of the Governor
Mental Disabilities Board of Visitors
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Thomas L. Judge
Governor

This report on Eastmont Training Center is the result of a site visit made by the Mental Disabilities Board of Visitors on September 28, 1977. Conducting this site visit were Patricia Boedecker, Dr. Fran Rummel, Dr. Jack Stimpfling, Al Bertelsen, and staff member Kelly Moorse. The purpose of this visit was to assess both the training programs for the residents, the physical plant and other issues pertinent to the Developmental Disabilities Act of 1975 R.C.M. 1947.

Members of the Eastmont Training Center staff which meet with this Board included Jerry Hoover, Superintendent; Pam Rodgers, Social Worker; Sylvia Hammer, Registered Nurse; and Martin Axel, Habilitations Coordinator and Psychologist.

After this report is presented to the Superintendent of Eastmont Training Center, it shall be made part of the annual report to the Board of Visitors to the Honorable Governor of the State of Montana.

BOARD OF VISITORS REVIEW OF EASTMONT TRAINING CENTER
GLEN DIVE, MONTANA
SEPTEMBER 28, 1977

DEMOGRAPHICS

The Eastmont Training Center at Glendive has provided services to the developmentally disabled for the past eight years. To date this community-based facility has served one hundred seventy-five (175) students. The Center, which has a capacity of thirty, with two additional beds for evaluation and referral, primarily serves those residing in the seventeen eastern counties which make up Mental Health Region I. The population at the time of this site visit included twenty-five from Region I, one from Region III and one from North Dakota. These students, ranging in age from four to seventeen, attend the center on a five day per week basis.

Since the Center operates on a five day week basis, parents and family are an integral part of the students' training. A "Parent Training Manual" has been developed by the staff to assist in promoting skills and tasks, along with managing behavior problems while the child is home. In addition, a video tape of students involved in every facet of their individual habilitation plan is made and shown when the staff makes home visits. The Board of Visitors commends this outreach program which seems to be imaginative and effective.

ADMINISTRATION AND STAFF

The staff is comprised of thirty-one highly dedicated people. Those with whom this Board met displayed an unusual degree of enthusiasm for the tasks assigned to them. With the existing one to one ratio of students and staff, the employees have not only assumed responsibility for care and treatment in their specific areas, but they also reinforce the skills and behavior of the residents expected in other areas of the treatment plan.

There is only one staff position for a social worker at Eastmont Training Center. This person is responsible for all community services, acts as a liason with local and regional agencies and coordinates parent communication. In addition, all admissions, placements, evaluation and referrals, as well as record keeping and correspondence are handled through this staff person. It would seem that the staff would be greatly strengthened by the addition of a social worker, so that existing outreach programs and contracts with the various agencies may be maintained.

Nine of the residents at the Center are presently receiving psychotropic medication prescribed by family or local physicians. Since there is no psychiatrist at the Eastmont Training Center, nor in Glendive, the medication is evaluated and reviewed by the Registered Nurse on staff. The degree of mental retardation and the types of medication administered, warrants strong consideration of the "Handbook for Habilitation and Commitment of the Developmentally Disabled, A Guide

to the Treatment of the Developmentally Disabled Act of 1975", R.C.M. 1947, section 6.civ. The Board of Visitors feels these guidelines imply that psychotropic drugs be administered only after consultation with a physician having expertise in the use of such drugs and that their use continue to be monitored and evaluated by appropriate professional persons and hopefully minimized to the extent possible.

Presently there are three non-ambulatory students receiving treatment at the Eastmont Center. If the Center continues to receive such patients, the administration expressed a need for staff qualified in the areas of Physical and Occupational Therapy. It would seem such employees would not only be of service to the non-ambulatory, but would certainly complement the expertise of the existing staff.

PHYSICAL PLANT

The Training Center is housed in two well-designed and attractive cottages in which an institutional atmosphere is not conspicuous. The cottages are colorful, clean and offer a home-like atmosphere. Residents enjoy kitchen facilities, a living room, recreational area and bedroom. As part of their overall treatment program, residents are supervised and responsible for maintaining their bedrooms and other specified areas.

The multi-purpose building houses the classrooms, activity area, observation room and offices. Since the last Board visit of February, 1976, classes have been moved upstairs, correcting the fire escape hazard noted in that report.

While the home-like atmosphere is to be complimented, the Board noted a lack of diversity in the amount of picture and

reading books available in the living room areas. It would seem a supply of different magazines and books would augment existing programs.

The physical facilities at present seem to adequately serve the residents. However, in light of the non-ambulatory students, who utilize day services of the Center, and the possibility of more, it may be necessary to do some remodeling to accommodate wheel-chair residents.

TREATMENT PROGRAMS

Individual habilitation plans exist for each student, with specific goals and objectives clearly stated. The Board noted the well-developed, sequential planning of these programs. Each IHP is reviewed monthly, or in some instances, more frequently. The individual habilitation plans are implemented with the aid of a tightly programmed schedule of academic, therapeutic and recreational programs. During the site visit, the Board observed all the youngsters engaged in one activity or another. The general impression was that the different programs are coordinated and well managed. Since these IHP were only formulated after the August evaluation, the Board will be anxious to review the long-range effectiveness of the individual habilitation plan.

The Board also acknowledges the development of the Eastmont Adaptive Functioning Scale. This checklist serves as a tool in determining social skills, self help skills, motor coordination and many other areas. The Adaptive Functioning checklist has also received national recognition.

COMMUNITY INVOLVEMENT

A strong feature of the Eastmont Training Center appears to be closely linked with community involvement. The Foster Grandparent program presently involves twelve members of the community, who have received eighty hours of in-service training. PROS, a volunteer group from the High School is also actively involved in offering their services to the Center. Several other instances were described to this Board which demonstrate the concern of the community for the success and well-being of the Center. It is the feeling of this Board that such cooperation is invaluable and should continue to be fostered.